

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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City of Cypress
City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Luebben Philip William

1. Office, Agency, or Court

Agency Name

Cypress City Council

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of Cypress, California ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010. -or- ☐ Leaving Office: Date Left / / (Check one)
The period covered is / / through December 31, 2010. ☐ The period covered is January 1, 2010, through the date of leaving office.
☐ Assuming Office: Date / / ☐ The period covered is / / through the date of leaving office.
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/01/2011
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Philip William Luebben

▶ NAME OF SOURCE
Aleshire & Wynder, LLP
 ADDRESS (Business Address Acceptable)
1515 W. 190th St., S. Twr, #565, Gardena, CA 90248
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 10</u>	\$ <u>125.00</u>	<u>San Diego Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Forest Lawn Memorial Park
 ADDRESS (Business Address Acceptable)
4471 Lincoln Ave., Cypress, CA 90630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Memorial Park and Cemetery Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 10</u>	\$ <u>60.00</u>	<u>Poinsettia Plant</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Care Ambulance Services
 ADDRESS (Business Address Acceptable)
1517 W. Braden Ct., Orange, CA 92868
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ambulance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 10</u>	\$ <u>49.50</u>	<u>See's Candy</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____